


City of Alexandria, Virginia

MEMORANDUM

DATE: FEBRUARY 28, 2005

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

FROM: JAMES K. HARTMANN, CITY MANAGER 

SUBJECT: TEN YEAR PLAN TO END CHRONIC HOMELESSNESS IN ALEXANDRIA

ISSUE: City Council endorsement of the Ten Year Plan to End Chronic Homelessness in Alexandria developed by the Alexandria Homeless Services Coordinating Committee (HSCC).

RECOMMENDATION: That City Council endorse the Ten Year Plan to End Chronic Homelessness in Alexandria and approve including the Plan in the five year Consolidated Plan for Housing and Community Development currently under development by the Office of Housing.

BACKGROUND: In 2001 the federal Department of Housing and Urban Development (HUD) adopted the goal to end chronic homelessness within ten years. HUD uses a locality's 10 Year Plan in the review of McKinney-Vento federally funded Continuum of Care homeless programs. HUD's ranking of local Continuum of Care grant submissions considers how well a community addresses ending chronic homelessness and community progress toward adoption and implementation of Ten Year Plans to End Chronic Homelessness. There are currently seven projects funded under McKinney-Vento in Alexandria, with the Safe Haven project being the latest.

HUD defines "chronic homelessness" as having been homeless for one year or longer, or experiencing multiple episodes over several years. The definition applies only to unaccompanied single adults who also suffer from a serious mental illness, substance addiction (or both) and/or a serious developmental or physical disability. The focus on chronic homelessness is based on the theory that a small percentage of the homeless population, estimated at 10% nationwide, consumes 50% of resources devoted to homeless services. Reducing chronic homelessness will free additional resources to assist families and other homeless persons.

A January 2004 Point-in-Time Count of the Homeless in Alexandria (a shelter and street survey) found a total of 414 persons in Alexandria who were considered to be homeless (See page 7 of Attachment 1). Of this total, 93 or 22% of Alexandria's homeless population were determined to be chronically homeless. Another 35 individuals, all with either a disability or severe mental illness or a dual diagnosis, were housed in supportive housing units.

DISCUSSION: The Alexandria Ten Year Plan drafted by the Homeless Services Coordinating Committee (HSCC) is included with this memo as Attachment I. The Plan follows HUD's

prescribed format, includes four sections consistent with HUD's overall objectives and 14 goals with multiple action steps and time lines. HSCC distributed the draft plan in June 2004 to City departments directly impacted by the recommendations for review and comment. A point by point summary of the comments on the four major objectives and 14 goals received from the Department of Human Services (DHS), the Community Services Board (CSB) and the Office of Housing are in Attachment II.

The strategy for successful Ten Year Plans includes local collaborations that use mainstream resources to serve the homeless. HUD envisions localities using the following resources: public assistance benefits such as TANF, Food Stamps, SSI and Medicaid, mental health and substance abuse services, health care services, Veteran's programs, Social Security and employment and training services. First and foremost, the goal is to prevent homelessness, including among populations coming out of prisons and jails, state institutions and hospitals and the foster care system. Coordinated and effective discharge planning is a key element. Critical to HUD's vision are additional housing resources accompanied by supportive services to eliminate homelessness as opposed to managing the problem through expanded emergency sheltering systems. The national goal is to move people out of shelters and into housing as quickly as possible.

The goals of Alexandria's plan are a mixture of new initiatives and ongoing activity that will continue to be the focus of the local homeless services network. Examples of new initiatives include:

- ▶ Developing single room occupancy style housing to provide affordable housing and accessible services for low income wage earner and disabled adults.
- ▶ Supporting the Arlandria Community Health Care Center in competing for a health care for the homeless grant to improve the populations access to comprehensive health services.

Examples of ongoing initiatives are:

- ▶ Establishing a Homeless Management Information System (HMIS) to coordinate service delivery and analyze outcomes.
- ▶ Preventing homelessness through effective discharge planning and continuation of local programming to prevent evictions.
- ▶ Developing permanent housing solutions for the homeless including projects such as the Safe Haven designed for the chronic homeless population.
- ▶ Increasing the availability of employment and training opportunities for the chronic homeless population.
- ▶ Reducing barriers to receipt of services by the homeless and maximizing the use of existing mainstream resources to reduce and eliminate homelessness.

Single room occupancy housing and improved access to health care services represent new initiatives HSCC considers excellent opportunities for partnerships with non-profit organizations in order to develop the necessary resources. The remaining are ongoing or completion objectives, such as the Homelessness Management Information System currently being tested in a three agency pilot and the Safe Haven project which was recently approved for funding under the HUD continuum of care Supportive Housing Program.

The Alexandria 10 Year Plan draws heavily on the Commonwealth of Virginia's approved Ten Year Plan that intends to change service delivery on the local level as implementation progresses. Under direction of Governor Warner, representatives of 11 Virginia state agencies and 6 additional homeless services and housing agencies attended a HUD workshop in October 2003 to initiate the process of developing Virginia's Ten Year Plan. The Governor approved the team's proposal in January 2004, with the Virginia Department of Housing and Community Development leading implementation. Other state agencies involved include: the Department of Human Services Division of Social Services, the Department of Mental Health/Mental Retardation/Substance Abuse, the Department of Health, Medical Assistance Services, the Housing Development Authority and the Department of Corrections. Attachment III is a summary of Virginia's Ten Year Plan. The state planning team will work to improve access to mainstream resources and coordinate implementation with local counterparts in Alexandria and around the state. Ten Year Plans are currently in various stages of development and/or implementation in Virginia Beach, Portsmouth, Norfolk, Richmond, Lynchburg and Roanoke.

Currently, City departments collaborate with non-profit service providers through the Homeless Services Coordinating Committee to address homelessness in Alexandria. City department representatives will provide leadership in the HSCC to address the elements of the Ten Year Plan. Staff, at this time, does not anticipate the need for additional funding beyond what is currently allocated for homeless services.

FISCAL IMPACT: None. Matching funds have been identified for the existing McKinney - Vento funded programs operated by the Community Services Board and the Safe Haven project.

ATTACHMENTS:

- I Ten Year Plan to End Chronic Homelessness
- II Comments of City Department Heads
- III Summary of Ten Year Plan for Virginia

STAFF:

Debra Collins, Director, Department of Human Services
Jack Powers, Director, Division of Community Programs
Nelson Smith, Director, Office of Community Services
Mildrilyn Davis, Director, Office of Housing
Mike Gilmore, Director, Mental Health/Mental Retardation/Substance Abuse

CITY OF ALEXANDRIA, VIRGINIA

TEN-YEAR PLAN TO

END CHRONIC

HOMELESSNESS

AND OTHER

FORMS OF

HOMELESSNESS

OCTOBER 2004

Prepared by the
Alexandria Homeless Services
Coordinating Committee

TABLE OF CONTENTS

ALEXANDRIA HOMELESS SERVICES COORDINATING COMMITTEE (HSCC)	
CONTINUUM OF CARE MEMBERS	3
VISION	5
BACKGROUND	5
ALEXANDRIA’S PLAN	5
PLAN FOR OUTCOMES – DATA COLLECTION AND ANALYSIS	
Goal 1: Establish Homeless Management Information System (HMIS)	9
Goal 2: Analyze Data to Effect Improvements in Programs & Services	10
CLOSE THE FRONT DOOR – PREVENTING HOMELESSNESS	
Goal 3: Utilize Effective Discharge Planning Models	11
Goal 4: Ensure Veterans Receive Entitlements	12
Goal 5: Develop Homeless Prevention Plan with Landlords	13
Goal 6: Prevent Evictions & Enhance Other Prevention Efforts	13
Goal 7: Improve Legal Services for the Chronically Homeless	14
Goal 8: Advocate for Support for Funding & Services	14
OPEN THE BACK DOOR – CREATING PERMANENT HOUSING	
Goal 9: Develop a 12-Bed Permanent Housing Safe Haven Facility	15
Goal 10: Develop a Permanent Housing SRO Facility	16
Goal 11: Increase Housing Opportunities by Maximizing Use of Existing Funding Streams	17
BUILD THE INFRASTRUCTURE – MAXIMIZE MAINSTREAM RESOURCES	
Goal 12: Reduce Barriers in Delivery of Supportive Services	18
Goal 13: Provide Comprehensive Health Services	19
Goal 14: Increase the Availability of Training Opportunities and Jobs	20
SOURCES	22
APPENDIX 1	24
Homeless Facilities in Alexandria ...	24
Definitions	25
Mission & Organization of the HSCC	26
APPENDIX 2	30
HSCC Activities & Accomplishments of the Past Year	30

**ALEXANDRIA HOMELESS SERVICES
COORDINATING COMMITTEE (HSCC)**

CONTINUUM OF CARE MEMBERS

ALEXANDRIA HEALTH DEPARTMENT
ALEXANDRIA NEIGHBORHOOD HEALTH SERVICES, INC. (ANHSI)
ALEXANDRIANS INVOLVED ECUMENICALLY (ALIVE!)
ALEXANDRIA PROBATION AND PAROLE
ALEXANDRIA REDEVELOPMENT & HOUSING AUTHORITY – PUBLIC HOUSING AUTHORITY
ALFRED STREET BAPTIST CHURCH
ARLINGTON-ALEXANDRIA COALITION FOR THE HOMELESS (AACH)
ARLINGTON COUNTY – HOMELESS & HEALTH CARE REPRESENTATIVES
BLESSED SACRAMENT CATHOLIC COMMUNITY
CARPENTER’S SHELTER
DAVID’S PLACE
TRANSITIONAL HOUSING PROGRAM
CATHOLIC CHARITIES
CHILD & FAMILY NETWORK CENTER
CHRIST CHURCH
CHURCH OF ST. CLEMENT
COMMISSION ON PERSONS WITH DISABILITIES
COMMUNITY LODGINGS, INC. (CLI)
COMMUNITY SERVICES BOARD (CSB) – DEPARTMENT OF MENTAL HEALTH,
MENTAL RETARDATION AND SUBSTANCE ABUSE
SUBSTANCE ABUSE CASE MANAGEMENT SERVICES & HOMELESS OUTREACH
MENTAL HEALTH SERVICES – OUTREACH
MENTAL HEALTH/SUBSTANCE ABUSE RESIDENTIAL SERVICES
CLUBHOUSE & SUBSTANCE ABUSE DAY SUPPORT

DEPARTMENT OF HUMAN SERVICES (DHS)
JOBLink ONE-STOP CENTER FOR WORKFORCE INVESTMENT
OFFICE OF AGING & ADULT SERVICES
OFFICE OF COMMUNITY SERVICES
FAMILY SERVICES - FOSTER CARE - INDEPENDENT LIVING

FAIRLINGTON UNITED METHODIST CHURCH
GUEST HOUSE
HOMELESS CONSUMER REPRESENTATIVES
HOUSING ACTION
INTERFAITH COALITION FOR AFFORDABLE HOUSING
MEADE CHURCH
NORTHERN VIRGINIA FAMILY SERVICE (NVFS)
OFFICE OF HOUSING
OFFICE ON WOMEN-DOMESTIC VIOLENCE SHELTER (OOW)
OLD PRESBYTERIAN MEETING HOUSE – FAMILY TO FAMILY MINISTRIES
SALVATION ARMY - ALEXANDRIA COMMUNITY SHELTER &
TURNING POINT TRANSITIONAL HOUSING
STOP CHILD ABUSE NOW (SCAN) OF NORTHERN VIRGINIA
ST. CLEMENT'S
ST. PAUL'S EPISCOPAL
VIRGINIA COALITION FOR THE HOMELESS
VETERANS ADMINISTRATION-NORTHERN VIRGINIA (VA)
WESLEY HOUSING DEVELOPMENT CORPORATION
WESTMINSTER PRESBYTERIAN CHURCH
WHITMAN-WALKER CLINIC OF NORTHERN VIRGINIA
WORKFORCE ORG. FOR REGIONAL COLLABORATION (WORC)

TEN-YEAR PLAN TO END CHRONIC HOMELESSNESS AND OTHER FORMS OF HOMELESSNESS IN ALEXANDRIA, VIRGINIA

VISION

**IN TEN YEARS, ALL INDIVIDUALS EXPERIENCING
CHRONIC AND OTHER FORMS OF HOMELESSNESS IN THE
CITY OF ALEXANDRIA, VIRGINIA WILL HAVE
ACCESS TO SAFE, DECENT, AFFORDABLE HOUSING.**

BACKGROUND

The goal of ending chronic¹ homelessness was described in 2000 by the *National Alliance to End Homelessness (NAEH)* as part of its ten-year plan. U.S. Department of Housing and Urban Development (HUD) Secretary Mel Martinez announced HUD's acceptance of this goal in 2001. In 2002, the *NAEH* published, "A Plan: Not a Dream – How to End Homelessness in Ten Years." By 2003, the *United States Interagency Council on Homelessness* had been resurrected to pursue this goal, and the Council published "The 10-Year Planning Process to End Chronic Homelessness in Your Community: A Step-by-Step Guide." In June 2003, the U.S. Conference of Mayors unanimously endorsed the 10-year planning process and urged cities across the nation to create and implement strategic plans to end chronic homelessness in 10 years. Since 2002, HUD has required jurisdictions receiving HUD Supportive Housing Program (SHP) and other HUD funding to develop a concrete plan to end chronic homelessness.

ALEXANDRIA'S PLAN²

Prior to this nationwide effort, in 1999, Alexandria's *Homeless Services Coordinating Committee (HSCC)*³ developed a strategic plan to address the pressing needs of the chronically homeless population, as well as other homeless persons (family members and individuals not experiencing chronic homelessness). Five objectives (the creation of a Safe Haven for unsheltered, chronic homeless individuals; the addition of mental health/substance abuse

¹ HUD defines chronic homelessness as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years." A "disabling condition" is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living."

² For a comprehensive description of housing and supportive services available to the homeless in the City of Alexandria (i.e., its Continuum of Care) and the history and role of the *Homeless Services Coordinating Committee*, see Appendix 1. Appendix 2 provides a summary of the HSCC's accomplishments over the past year.

³ The members of Alexandria's HSCC are shown on the previous two pages.

staffing to provide additional outreach and follow-up to the homeless population; the creation of medical respite beds; the expansion of affordable health care services, and the addition of transitional housing units for singles and youth aging out of foster care) were incorporated into the City's *Five Year Consolidated Plan for Housing and Community Development*. While significant progress has been made on three of the objectives (the creation of a Safe Haven, the expansion of health services, and the creation of transitional housing units), much remains to be done to house and provide services for the chronically homeless population and those needing medical respite beds. In addition, affordable housing opportunities for the non-chronic population must be created if the homeless problem is to be resolved.

Over the past several months, the Commonwealth of Virginia, through its *Policy Academy on Chronic Homelessness*, has developed an action plan entitled, "Virginia: A Common Wealth to End Homelessness." This plan has been approved by Virginia's Governor Warner and can be found at www.dhcd.virginia.gov. Representatives of Alexandria's HSCC, including an individual who was chronically homeless and had lived on the streets, serve on the *Policy Academy*. Alexandria's plan, delineated on the following pages, is tied into Virginia's plan, and also utilizes the research and guidance provided by the *National Alliance to End Homelessness*, as well as models of "best practices" from throughout the country. In developing the plan, the HSCC held several meetings, including a focus group with consumers of *David's Place*, a day program for unsheltered homeless adults, to obtain input on the plan. Representatives of all of the agencies identified as "Responsible Parties" throughout the plan also provided input.

The key components of any successful plan to end chronic homelessness, according to the NAEH are: Plan for Outcomes; Close the Front Door; Open the Back Door; and Build the Infrastructure. Alexandria's plan addresses these key components.

PLAN FOR OUTCOMES: INVOLVEMENT OF DIVERSE STAKEHOLDERS, DATA ANALYSIS, RESEARCH, DEFINING THE PROBLEM, AND "THINKING OUTSIDE THE BOX"

The NAEH report notes that "Today most American communities plan how to manage homelessness – not how to end it." A first step in planning for outcomes is to collect data at the local level on the nature and extent of homelessness. Alexandria has collected point-in-time data since 1996, and since 2000, has participated in an ongoing Council of Governments (COG) regional effort to establish an unduplicated count of homeless families and individuals in the region. The fourth regional enumeration took place on January 21, 2004. In the Fall of 2004, Alexandria's Homeless Continuum of Care will have its *Homeless Management Information System (HMIS)* in place. The HMIS will use an integrated data tool to record and report uniform system-wide information on client needs and services. (A description of the steps taken to date by HSCC's *HMIS Task Force* is provided at Appendix 2.)

According to longitudinal research, people who experience chronic homelessness are more likely to have a serious mental illness, sometimes with co-occurring substance abuse, unstable employment histories, and histories of hospitalization and/or incarceration. Nationally, it is estimated that 10% of the single adult homeless population experiences this persistent homelessness. Because many of these individuals use the shelter system for extended periods of time, they have been found to consume 50% of the resources.

The chart below shows the breakout of the chronic homeless population in Alexandria identified by surveyors in the 2004 point-in-time count.

January 2004 Point-in-Time Count: Alexandria, Virginia

<u>Survey Location</u>	<u>Total</u>	<u>Chronic</u>
Outreach	73 ¹	41
Winter Shelter	49 ²	33
Emerg. Shelter Individuals ³	55	12
Emergency Shelter Family Members ⁴ (16 families)	53	-
Trans. Housing	<u>184⁵</u>	<u>7</u>
Total:	414	93

As is evident in the above chart, 93, or 22% (93 of 414) of the Alexandria homeless population identified above, were determined to be chronically homeless. (Another 35 individuals, all with either a disability of severe mental illness or a dual diagnosis, are housed in permanent supportive housing units.)

According to the NAEH report, because they have no regular place to stay, people who are homeless use a variety of public systems in an inefficient and costly way. People who are homeless:

- **Are more likely to access costly health care services** (spending an average of four days longer per hospital visit than comparable non-homeless individuals). Homelessness both causes and results from serious health care issues, including addictive disorders. Substance abuse increases the risk of incarceration and HIV exposure, and it is itself a substantial cost to our medical system.
- **Spend more time in jail or prison** – sometimes for crimes such as loitering – which is an extremely costly and inefficient use of scarce resources.

¹Unsheltered – 53; awaiting discharge – 20; Male-56; Female-17.

²Male-46; Female-3.

³Male-32; Female-23.

⁴20 Adults (Female-16; Male-4); 33 children.

⁵Of the 184 persons in Transitional Housing, 36 were individuals (7 of whom were chronic); 148 were persons in 39 families.

- **Use emergency shelters, a costly alternative to permanent housing.** (According to one study, the cost of an emergency shelter bed was approximately \$8,067 more than the average annual cost of a federal housing subsidy.)
- **Lose future productivity.** Decreased health and more time spent in jails or prisons, means that homeless people have more obstacles to contributing to society through their work and creativity.

Once adequate data are available, the second step is to create a planning process that focuses on the outcome of ending homelessness, and then brings to the table not just the homeless assistance providers, but the mainstream State and local agencies and organizations whose clients are homeless. As is evident from the HSCC membership list on the previous pages, Alexandria has broad representation on its committee.

CLOSE THE FRONT DOOR: PREVENTING HOMELESSNESS

Our current approach has proven inadequate to the challenge of eliminating homelessness. The most effective solution, a core tenet of the new approach recommended by NAEH, is to prevent homelessness whenever possible (“close the front door”), and to rapidly re-house people when homelessness cannot be prevented. The NAEH report notes that:

“People who become homeless are almost always clients of public systems of care and assistance (the mental health system, the public health system, the welfare system, veterans system, criminal justice system). . . . to end homelessness, these mainstream programs must prevent people from becoming homeless.”

Alexandria’s plan addresses goals and action steps aimed at improving its emergency homelessness prevention programs.

OPEN THE BACK DOOR: CREATING PERMANENT HOUSING

The national effort focuses on helping people to exit homelessness as quickly as possible through a “housing first approach.” For the chronically homeless, this means permanent housing, with services available as the consumers establish trust with treatment workers. For families and non-disabled single adults, it means getting people very quickly into permanent housing and linking them with services, if needed. The development of permanent supportive housing for the chronically homeless and affordable permanent housing for other homeless individuals is one of the biggest challenges facing Alexandria’s homeless continuum of care. In addition to limited financial resources, lack of land and property for project development are also constraints facing Alexandria’s continuum; however, the plan does address the development of new housing units for the homeless population, as well as other methods for “opening the back door.”

BUILD THE INFRASTRUCTURE: MAXIMIZE MAINSTREAM RESOURCES

The NAEH report notes that remedies to homelessness must take place within the context of “re-building the infrastructure”: housing, income, and services. Those individuals living in poverty who are working are paying more than half of their income for rent. There is an ever-growing shortage of affordable housing units throughout the country; this problem is particularly severe in Alexandria. To rent an efficiency apartment in Alexandria, an income of about \$36,500⁴ is required, or about 70% more than a person working two full-time jobs at minimum wage. For the chronically homeless, with severe mental disabilities, permanent supportive housing is the only solution. The NAEH report states, “A great deal of current chronic homelessness can be traced to the lack of a system of community treatment, linked with housing, to replace the system of state hospitals that have been closed in large numbers in recent decades.”

The goals and action steps for each of the foregoing areas are addressed below.

PLAN FOR OUTCOMES – DATA COLLECTION & ANALYSIS

GOAL 1: ESTABLISH HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

Action Steps

1. Define data elements to be included in the HMIS and train providers in the use of HMIS.

Responsible Parties: *Bowman Internet Services,* Target Date: July 2004
CSB & DHS IT staff

2. Implement *ServicePoint*⁵ to standardize assessment of consumer needs, create service plans, coordinate case management, and track housing and services.

Responsible Parties: *Bowman Internet Services* Target Date: Aug. 2004
CSB & DHS IT staff

3. Analyze data and evaluate HMIS functioning.

Responsible Parties: HMIS Sub-Committee Target Date: Jan. 2005

4. Recommend HMIS program improvements based on evaluation.

Responsible Parties: HMIS Sub-Committee Target Date: March 2005

⁴ Household income needed by a new buyer if payment is 30% of gross income. *National Low Income Housing Coalition, “Out of Reach, 2002 – Alexandria, VA.”*

⁵ See Appendix 2 for a description of HSCC’s activities over the past year, including steps taken by the HMIS Sub-Committee to identify *ServicePoint*.

5. Adopt HMIS improvements.

Responsible Parties: *ServicePoint*, CSB & DHS IT staff Target Date: May 2005

6. Coordinate with Statewide HMIS plan (Virginia Commonwealth Plan, Priority Five, Strategies 5.1, 5.2).

Responsible Parties: CSB & DHS IT staff Target Date: June, 2005

GOAL 2: ANALYZE HMIS DATA TO EFFECT IMPROVEMENTS IN PROGRAMS AND SERVICES

Action Steps

1. Extract reports from HMIS that identify number of homeless persons, reason for entry into the continuum of care, housing and service needs by sub-population, how people are interacting with mainstream systems of care, and the effectiveness of interventions.

Responsible Parties: CSB, DHS Target Date: Dec. 2005

2. Review the entire Continuum of Care (i.e., shelter/transitional facilities' bed use, populations served, services provided, barriers, etc.), meet and coordinate with other providers throughout the region, and develop priorities and strategies for improvements throughout the Continuum and the region so that the maximum number of persons are served in the most efficient and effective manner. Review and provide input to other annual needs assessments (e.g., United Way, CSB).

Responsible Parties: HSCC Strategic Planning/
Evaluation Sub-Committee
and senior representatives of all homeless providers Target Date: Jan. 2006

3. Implement recommended strategies. Ensure that linkages are made with entities identified in Step 2 for carrying out the strategies.

Responsible Parties: Homeless Svcs. providers
and other parties identified in Step 2,
HSCC Strategic Planning/
Evaluation Sub-Committee Target Date: April, 2006

4. Evaluate effectiveness of program changes.

Responsible Parties: HSCC Strategic Planning/
Evaluation Sub-Committee
and senior representatives of all homeless providers Target Date: Oct. 2006

5. Recommend program improvements based on evaluation.

Responsible Parties: HSCC Strategic Planning/
Evaluation Sub-Committee Target Date: Nov. 2006

6. Adopt improvements.

Responsible Parties: Homeless Svcs. providers Target Date: Jan. 2007

NOTE: The Action Steps in Goal 2 will continue throughout the ten-year plan.

CLOSE THE FRONT DOOR – PREVENTING HOMELESSNESS

GOAL 3: UTILIZE EFFECTIVE DISCHARGE PLANNING MODELS

Action Steps

1. Collect and analyze data through the HMIS on persons who become homeless after discharge from State and local hospitals, jail, detention center, prisons, and foster care.

Responsible Parties: DHS, Va. Cares, Strategic
Plng/Eval Sub-Comm. Target Date: Dec. 2005
OAR, CSB Pre-Release: Detention Ctr,
Homeless providers, Alex. Probation & Parole

2. Develop and adopt “best practice” strategy to ensure persons being released after incarceration do not become homeless.

Responsible Parties: DHS, Va. Cares, Jail/Prison Target Date: Dec. 2004
Staff, OAR, CSB Pre-Release: Detention Ctr,
Homeless providers, Alex. Probation & Parole

3. Develop and adopt “best practice” strategy to ensure persons being discharged from psychiatric hospitals and medical facilities do not become homeless, including linkage with CSB’s discharge planning process.

Responsible Parties: CSB, DHS, Hospital staff Target Date: Dec. 2004

4. Ensure compliance with Statewide discharge policy for all at-risk individuals (Virginia Commonwealth Plan, Priority Three, Strategy 3.1) after implementation.

Responsible Parties: CSB, DHS, DOC, Target Date: Nov. 2004
Ex-Offender Programs

5. Increase the number of prisoners and mental health consumers who have applications pre-filed for Medicaid and other entitlements (e.g., SSI, SSDI) and expedite processing of benefits before release from institutions (Virginia Commonwealth Plan, Priority Four, Strategy 4.1).

Responsible Parties: CSB, DHS

Target Date: Dec. 2004

6. Refer juvenile offenders and juveniles aging out of foster care to *Job Corps* (Virginia Commonwealth Plan, Priority Three, Strategy 3.2), Independent Living Program (ILP), and scholarships for higher education.

Responsible Parties: DSS/DJJ, JobLink,
Youth Employment Svcs.

Target Date: Nov. 2004

7. Attend State DSS training on placing more emphasis on preparing young adults leaving foster care to become self-sufficient (Virginia Commonwealth Plan, Priority Three, Strategy 3.3) and ensure resources available through HB1109 (passed by the Virginia State legislature in 2004 to provide transitional assistance for young people ages 18 – 21 who are moving from foster care to self-sufficiency) are utilized.

Responsible Parties: DSS foster care staff

Target Date: Oct 2004

8. Identify funding to support and strengthen family members who deal with individuals who are at risk of becoming homeless. (Virginia Commonwealth Plan, Priority Three, Strategy 3.4).

Responsible Parties: TBD

Target Date: TBD

GOAL 4: ENSURE VETERANS RECEIVE ENTITLEMENTS

Action Steps

1. Ensure that all organizations serving the chronically homeless identify those consumers who are veterans, inform them of available benefits, and have the necessary POA forms to allow veterans services to act on behalf of the veteran (Virginia Commonwealth Plan, Priority Four, Strategy 4.2)

Responsible Parties: DHS, VA

Target Date: Sept. 2004

GOAL 5: DEVELOP HOMELESS PREVENTION PLAN WITH LANDLORDS

Action Steps

1. Identify landlords willing to participate in "housing first" approach.

Responsible Parties: Office of Housing; Land-
lord Tenant Relations Board (LTBC),
ARHA, DHS, CSB, non-profit providers

Target Date: Sept. 2007

2. Meet with landlords to develop homeless prevention plan.

Responsible Parties: Office of Housing; Landlord Tenant Relations Board (LTBC), ARHA, DHS, CSB, non-profit providers. Jail/Prison staff
Target Date: Jan. 2006

3. Identify funding to hire a housing specialist to act as a broker between homeless persons and those being released/discharged from institutions and private landlords. The housing specialist, a "one-stop shop housing counselor," would also develop and maintain a centralized housing network.

Responsible Parties: Non-Profits & Homeless Services Providers
Target Date: March 2007

4. Implement plan with 1 – 2 landlords

Responsible Parties: Identified in Step 3
Target Date: 2008

5. Expand plan to additional landlords.

Responsible Parties: TBD
Target Date: 2009 – 2012

6. Review CSB policies/procedures (e.g., program rules/admittance criteria for residential properties, residential fee setting, etc.) to promote residential housing stability.

Responsible Parties: CSB
Target Date: Oct. 2005

GOAL 6: PREVENT EVICTIONS & ENHANCE OTHER PREVENTION EFFORTS

Action Steps

1. Develop a marketing plan to expand the number of persons informed of Alexandria's eviction prevention program. Ensure that information about the prevention program is widely disseminated so that tenants are informed long before receiving an eviction notice.

Responsible Parties: Office of Housing; Landlord Tenant Relations Board (LTRB), DHS, Legal Svcs.
Target Date: Sept. 2005

2. Conduct workshops (e.g., in shelters, day support programs) and/or provide individual counseling for consumers to increase understanding of tenant responsibilities, and distribute materials.

Responsible Parties: Housing, Shelters/TH
Target Date: Oct. 2005

Providers, Landlords, ARHA

3. Form a task force to review/assess current policies and procedures for preventing evictions, study "best practices," and recommend improvements in current system.

Responsible Parties: DHS, Courts, Landlords

Target Date: Nov. 2005

GOAL 7: IMPROVE LEGAL SERVICES FOR THE CHRONICALLY HOMELESS AND OTHER HOMELESS INDIVIDUALS

Action Steps

1. Through the HMIS and other sources, identify the number of chronically homeless and other homeless persons who could benefit from legal services (e.g., individuals with severe mental illness or women who become chronically homeless as a result of domestic violence).

Responsible Parties: All homeless providers,
DHS, CSB

Target Date: Dec. 2005

2. Develop a plan to provide pro bono legal services to those needing assistance. (As part of this plan, review the work of the newly-formed State-level *Indigent Defense Commission*, which will establish standards for court-appointment layers and ensure adequate representation for the poor.)

Responsible Parties: Legal Svcs staff, DVS,
Jail/Prison staff, DHS, CSB

Target Date: Nov. 2004

3. Work with police, judges, and landlords to identify those at risk of homelessness.

Responsible Parties: DHS, providers

Target Date: June 2005

GOAL 8: ADVOCATE FOR SUPPORT FOR FUNDING AND SERVICES FOR CHRONICALLY HOMELESS AND OTHER HOMELESS INDIVIDUALS

Action Steps

1. Prepare public relations materials documenting the lack of funding for homeless programs, e.g., Homeless Intervention Program (HIP), TANF, FSG/SSG, etc.

Responsible Parties: Virginia Coalition for the
Homeless, DHS, providers, consumers

Target Date: Oct. 2004

2. Participate in public hearings concerning homeless issues and in legislative advocacy at the Federal, State, and local levels.

Responsible Parties: Virginia Coalition for the Homeless, providers, consumers Target Date: As hearings are scheduled

3. Support the Virginia Coalition for the Homeless in its efforts to secure a Rental Assistance program for homeless (Virginia Commonwealth Plan, Priority One, Objective 2, Strategy 1.8); to increase funding for affordable housing through a State-level Housing Trust Fund (Objective 2, Strategy 1.10); to increase State funding for support of emergency and transitional housing (Objective 2, Strategy 1.12).

Responsible Parties: Providers, consumers Target Date: As legislation comes forward

4. Develop case history vignettes of chronically homeless and other homeless consumers in Alexandria to increase public awareness and political support (Virginia Commonwealth Plan, Priority Five, Strategy 5.5). Use vignettes in public hearings and materials developed in Action Step 1.

Responsible Parties: CSB/DHS case workers, Shelter/T.H. providers Target Date: Oct. 2004

5. Expand collaboration with the wider community (public and private) to garner support for addressing the needs of chronically homeless and other homeless individuals. Identify Federal, State, and local funders, neighborhood organizations, private foundations, citizens, local businesses, public officials who may be instrumental in assisting the HSCC in providing goods, services, and advocacy.

Responsible Parties: HSCC, Housing Action, Congregations, Housing, DHS, CSB Target Date: Feb. 2005

OPEN THE BACK DOOR – CREATING PERMANENT HOUSING

GOAL 9: DEVELOP A 12-BED PERMANENT HOUSING SAFE HAVEN FACILITY FOR CHRONICALLY HOMELESS PERSONS

Action Steps

1. Submit HUD 2004 application for funding.

Responsible Parties: CSB Target Date: July 2004

2. Communicate with neighbors, engage community support through meetings and discussions and initiate recruitment/hiring of Project Director.

Responsible Parties: CSB Target Date: June-July 2004

3. Obtain HUD notice of funding.

Responsible Parties: CSB

Target Date: Dec. 2004

4. Begin building renovation.

Responsible Parties: Gen. Svcs., CSB

Target Date: Jan. 2005

3. Complete renovation.

Responsible Parties: Gen. Svcs, CSB

Target Date: March 2006

4. Develop program, including steps for managing crises and non-intrusive, non-punitive, "low-demand" rules which promote safety, cleanliness, privacy. Hire Safe Haven staff.

Responsible Parties: CSB

Target Date: Nov. 2005-Apr 2006

5. Begin Safe Haven operations.

Responsible Parties: CSB

Target Date: June 2006

GOAL 10: DEVELOP A PERMANENT HOUSING SRO⁶ (SINGLE-ROOM OCCUPANCY) FACILITY

Action Steps

1. Identify funding sources, meet with City officials and staff (e.g., Housing, Planning & Zoning) and begin preparation of applications/proposals for funding.

Responsible Parties: Community Non-Profit

Target Date: July 2004

-

2. Identify site, meet with Architect to determine project design & costs.

Responsible Parties: Community Non-Profit

Target Date: December 2004

3. Develop business plan and apply for funding.

Responsible Parties: Community Non-Profit

Target Date: Jan-Apr 2005

⁶ SRO housing is defined as a residential property that includes multiple single room dwelling units. First priority for occupancy of SRO units is given to homeless individuals.

4. When funding secured, develop program, communicate with neighbors, engage community support through meetings and discussions.

Responsible Parties: Community Non-Profit, Target Date: Jan-Mar 2006
Congregations, homeless providers

5. Complete renovation.

Responsible Parties: Community Non-Profit Target Date: Sept 2006

6. Open SRO

Responsible Parties: Community Non-Profit Target Date: Oct 2006

GOAL 11: INCREASE HOUSING OPPORTUNITIES AVAILABLE TO CHRONIC HOMELESS AND OTHER PERSONS EXPERIENCING HOMELESSNESS BY MAXIMIZING USE OF EXISTING FUNDING STREAMS AND DEVELOPING ADDITIONAL PERMANENT AND PERMANENT SUPPORTIVE HOUSING

Action Steps

1. Apply for VHDA/DMHMRSAS *Mainstream Housing Opportunities for Persons with Disabilities* vouchers (Special Project identified in Virginia Commonwealth Plan, Priority One, Objective 1, Strategy 1.2/1.3)

Responsible Parties: CSB Target Date: June 2004

2. Determine whether any Veterans Administration, HUD, or USDA foreclosed properties exist in Alexandria; Coordinate with Virginia Commonwealth Plan, Priority One, Objective 1, Strategy 1.4).

Responsible Parties: CSB, DMHMRSAS Target Date: March 2005

2. Coordinate with DHCD/VIACH/VCH to expand use of housing resources available through the Veterans Administration-Per Diem. (Virginia Commonwealth Plan, Priority One, Objective 1, Strategy 1.6)

Responsible Parties: DHS, VA, CSB Target Date: Mar-Nov 2004

3. Coordinate with NOVAM, Whitman-Walker and others to expand use of housing resources available through HOPWA.

Responsible Parties: DHS, Health Dept., CSB Target Date: Mar-Nov 2004
Shelter providers

4. Target two of the group homes, 10 apartment/condos, and 10 Section 8 Certificates in the CSB's *Five-Year Housing Plan* to homeless individuals.

Responsible Parties: CSB, ARHA

Target Date: 2008

5. Identify resources (e.g., VA, HHS, HUD, State, private) and community partners for the planning and development of additional permanent and permanent supportive housing units, acquisition of additional Section 8 vouchers, and other permanent housing solutions for the homeless population.

Responsible Parties: Housing, ARHA, CSB,
Housing Action, DHS, HSCC,
Faith-based non-profits

Target Date: 2008

6. Establish linkages with faith-based non-profits to improve access to federal funding opportunities, as well as to increase the number of volunteers serving the homeless.

Responsible Parties: HSCC, faith-based entities
Alexandria Interfaith Coalition for Affordable Housing

Target Date: Nov. 2005

BUILD THE INFRASTRUCTURE – MAXIMIZE MAINSTREAM RESOURCES

GOAL 12: REDUCE BARRIERS IN DELIVERY OF SUPPORTIVE SERVICES TO CHRONIC HOMELESS AND OTHER INDIVIDUALS EXPERIENCING HOMELESSNESS

Action Steps

1. Identify opportunities for coordination of intake eligibility determinations, assessment and data collection to facilitate access to mainstream services, such as TANF, Medicaid, Primary Health Services, MH and SA Services. (Virginia Commonwealth Plan, Priority 2, Strategy 2.3: “No Wrong Door.”)

Responsible Parties: CSB, DHS, Health Dept.
State Policy Academy

Target Date: July 2005

2. Department of Social Services designates an eligibility worker (and back-up) to expand outreach to David’s Place and shelters to take applications from homeless individuals. (Virginia Commonwealth Plan, Priority 2, Strategy 2.5)

Responsible Parties: DHS/DSS

Target Date: Oct 2005

3. Ensure distribution of State-Produced Resource Guide (Strategy 2.4) and communication to all providers of Statewide 211.

Responsible Parties: HSCC, all providers
DHS, CSB

Target Date: July 2005

4. Identify funding to add a minimum of 1.5 FTE (e.g., through PACT team) to increase services to chronically homeless consumers with mental health and substance abuse issues in shelters and on the street (e.g., CSB application to SAMHSA, State funding for PACT).

Responsible Parties: CSB, Carpenter's Shelter Target Date: Jan. 2006

5. Each year of the plan, increase the number of chronically homeless and other homeless individuals applying for disability benefits.

Responsible Parties: CSB, DHS, all homeless Providers, VA Target Date: 10/yr throughout duration of plan

6. Attend State-sponsored workshop on Disability Determination and Presumptive Decision Making to increase the number of chronically homeless receiving disability benefits. (Virginia Commonwealth Priority 2, Strategy 2.2)

Responsible Parties: CSB, DHS, other providers Target Date: TBD when State announces workshop dates

GOAL 13: PROVIDE COMPREHENSIVE HEALTH SERVICES TO THE CHRONICALLY HOMELESS AND OTHER PERSONS EXPERIENCING HOMELESSNESS

Action Steps

1. Identify barriers to health care access for the chronically homeless and other individuals experiencing homelessness.

Responsible Parties: *HSCC, Providers,* Target Date: Dec. 2005
Faith-based non-profits

2. Work with health care providers to remove barriers.

Responsible Parties: *Health Dept., HSCC,* Target Date: Jan – March 2006
Community Health Center, Clinica Hispana,
Queen Street Clinic, Health Care Task Force,
INOVA Alexandria Hospital

3. Identify entities that could provide long-term shelter and health services for persons requiring on-going medical supervision. (Virginia Commonwealth Plan, Strategy 1.9)

Responsible Parties: *Health Dept., HSCC,* Target Date: 2007
Community Health Center,
Health Care Task Force,
INOVA Alexandria Hospital

4. Educate local health care entities and others about successful medical respite facilities for homeless.

Responsible Parties: *HSCC, Health Care Task Force, Va. Coalition for the Homeless* Target Date: Jan. 2006

5. Create a medical respite facility.

Responsible Parties: TBD Target Date: January 2008

6. Submit application to HHS/HRSA for *Health Care for the Homeless* grant.

Responsible Parties: *Community Health Center, Health Care Task Force, Health Dept., INOVA Alexandria Hospital* Target Date: April 2005

GOAL 14: INCREASE THE AVAILABILITY OF TRAINING OPPORTUNITIES AND JOBS TO THE CHRONICALLY HOMELESS AND OTHER HOMELESS INDIVIDUALS

Action Steps

1. Identify employers willing to hire chronic homeless and other homeless individuals who are able to work.

Responsible Parties: , *Task Force On Prisoner Re-Entry, CSB, DRS, WORC* Target Date: 2005 (2 employers) 2006 – 2010 (2 new employers per year)
Primary: JobLink One-Stop Center for Workforce Investment

2. Identify how chronically homeless who are able to work and other homeless persons can access existing training programs, and identify training programs needed by these populations that are not currently being provided.

Responsible Parties: *Task Force On Prisoner Re-Entry, CSB, DRS, WORC* Target Date: 2005 (2 programs) 2006 – 2010 (2 new programs per year)
Primary: JobLink One-Stop Center for Workforce Investment

3. Coordinate with JobLink One-Stop Center to access training/educational opportunities that may be available to chronic and other homeless persons through the Workforce Investment Act (Virginia Commonwealth Plan, Priority Four, Strategy 4.3 – 4.5) and to improve access to, and accelerated completion of, GED training by homeless persons.

Responsible Parties: *Task Force On Prisoner Re-Entry, CSB, DRS, DHS, WORC* Target Date: Oct. 2005
Primary: JobLink One-Stop Center for Workforce Investment

4. Increase employment opportunities for chronic and other homeless persons who are able to work and prisoner re-entry populations by accessing Work Opportunity Tax Credit (WOTC) employment (Virginia Commonwealth Plan, Priority Four, Strategy 4.6).

Responsible Parties: *Task Force On* Target Date: Nov. 2005
 Prisoner Re-Entry,
 DHS, CSB, DRS, WORC
 Primary: JobLink One-Stop Center for Workforce Investment

5. For those chronically homeless and other homeless individuals who are working, increase annual income through the Federal *Refundable* and *Virginia Non-Refundable Earned Income Tax Credit* (Virginia Commonwealth Plan, Priority Four, Strategy 4.8).

Responsible Parties: *DSS, Refunds for Free* Target Date: Feb-Apr 2005 &
 In Metro D.C., all providers Annually

6. Apply for Job Opportunites for Low-Income People (U.S. HHS, U.S. Department of Labor, Employment and Training Administration *Workforce Investment Board* grants to assist homeless, chronically homeless and ex-offenders.

Responsible Parties: *TFOPR* Target Date: April – Sept 2004
 Primary: JobLink One-Stop Center for Workforce Investment

SOURCES

“The Ten-Year Plan to End Homelessness,” *The National Alliance to End Homelessness*, Washington, D.C. 2000

“A Plan: Not A Dream – How to End Homelessness in Ten Years, *The National Alliance to End Homelessness*, Washington, D.C. 2002

“Toolkit for Ending Homelessness: Featuring the Ten Essentials for Ending Homelessness in Your Community,” *The National Alliance to End Homelessness*, Washington, D.C. 2003

“Leadership to End Homelessness Audio Conference Series,” *Council of State Community Development Agencies, National Alliance to End Homelessness, National Council of State Housing Agencies, National League of Cities, and U.S. Conference of Mayors*. (Monthly)

“The Ten-Year Planning Process to End Chronic Homelessness in Your Community: A Step-by-Step Guide,” *U.S. Interagency Council on Homelessness*, Washington, D.C. 2003.

“Comparative Aspects of Plans to End Homelessness,” Compiled by the New York City Department of Homeless Services, January 2004. Web site:
www.endhomelessness.org/localplans/outline.htm

“Virginia: Sharing a Common Wealth to End Homelessness,” *Virginia Policy Academy on Chronic Homelessness*, March 2004.

“Strategies for Reducing Chronic Street Homelessness,” U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Washington, D.C. January 2004.

“Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness and Co-Occurring Substance Use Disorders,” U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2003.

U.S. Interagency Council on Homelessness e-newsletter, “Innovative Ideas: SIP Saves Lives and Public Funds.” April 2004. Web Site:
[www.ade.state.az.us/asd/homeless/US Interagency Council on Homelessness.doc](http://www.ade.state.az.us/asd/homeless/US_Interagency_Council_on_Homelessness.doc)

National Alliance to End Homelessness Online Newsletter, “Using Discharge Planning in the Corrections System to Prevent Homelessness.” October 10, 2003. Web Site:
<http://www.endhomelessness.org/pub/onlinenews/news10-10-03.pdf>

“Helping People Off the Streets: Real Solutions to Urban Homelessness,” *Center for Poverty Solutions*, Baltimore, Maryland, 1998.

“Work as a Priority: A Resource for Employing People Who Have a Serious Mental Illness and Who Are Homeless,” U.S. Department of Health and Human Services, Center for Mental Health Services, Homeless Programs Branch, Rockville, MD., 2002.

“Breaking the Cycle: An Intensive Case Management Model to Engage Homeless People With Co-Occurring Mental Illness and Substance Abuse Disorders,” Alexandria Community Services Board, Department of Mental Health, Mental Retardation, and Substance Abuse, Alexandria, Virginia, 1994.

“Placemakers: A Guide to Developing Housing for Homeless People – Presentations and Materials from the U.S. Department of Housing and Urban Development’s Regional Conferences on Housing for Homeless People, February through April, 2000,” Produced by AIDS Housing of Washington, Seattle, Washington, 2000.

“Section 8 Families in the Washington Region: Neighborhood Choices and Constraints,” *The Metropolitan Washington Council of Governments* and *The Urban Institute*, February 2000.

“Understanding the Section 8 Moderate Rehabilitation Single Room Occupancy Program,” U.S. Department of Housing and Urban Development, April 1998.

“Needs Assessment of the Hispanic Community in Alexandria, Virginia,” *Alexandria United Way*, Alexandria, Virginia, 1999.

“Living From Paycheck to Paycheck: A Look at Alexandria’s Working Poor,” *Alexandria United Way*, Alexandria, Virginia, June 2001.

“The Forgotten Americans: Homelessness Programs and the People They Serve,” Technical Report Findings of the National Survey of Homeless Assistance Providers and Clients, *The Urban Institute*, Washington, D.C., December 1999.

Office of Policy Development and Research, U.S. Department of Housing and Urban Development, Evaluation of the Emergency Shelter Grants Program, Volume 1: Findings September 1994. p 91. (Cost of emergency shelter bed versus federal housing voucher)

APPENDIX 1

HOMELESS FACILITIES IN ALEXANDRIA, VIRGINIA⁷

Day Shelter

David's Place (Carpenter's)

Emergency Shelters

Alexandria Community Shelter (ACS)

(ACS is City-funded and operated under contract by The Salvation Army)

ALIVE! House

Carpenter's Shelter

Domestic Violence Shelter (Office on Women)

Transitional Housing Programs

Adopt-A-Family (Arlington-Alexandria Coalition for the Homeless)

Carpenter's Shelter

Door to Independence (Community Lodgings, Inc.)

Guest House

Alexandria Transitional Housing Program (Northern Virginia Family Service)

(Funded through Alexandria's Housing Trust Fund)

Turning Point (Salvation Army)

Men's Recovery Home (ACSB)⁸

Aspen House (ACSB)

Permanent Supportive Housing

Mayflower/Canterbury (ACSB)

Columbus and Wythe (ACSB)

Notabene (ACSB)

⁷ Visit our website at www.alexandriahscc.org for a complete listing of facility addresses and contacts. Definitions for the various types of facilities are provided on the following page.

⁸ ACSB: Alexandria Community Services Board HUD-funded properties are shown above. Other group homes and supervised apartments operated by the ACSB throughout the City are also available to homeless individuals.

DEFINITIONS

DAY SHELTER: Provides unsheltered homeless adults a safe environment during daytime hours, along with services such as laundry and locker facilities, showers, phone, mailing address and service referrals, but does not provide overnight accommodations.

EMERGENCY SHELTER: Emergency housing in conjunction with food and supportive services to enable individuals and families to stabilize their lives, obtain jobs, and move on to transitional, permanent, or permanent supportive housing. Emergency shelters may provide a place for homeless persons to be during the day while conducting job searches, working or attending training.

TRANSITIONAL HOUSING: Transitional Housing facilitates the movement of homeless individuals and families to permanent housing, usually within 24 months. This temporary housing is combined with support services, such as substance abuse education, crisis stabilization services, transportation, supportive counseling, medication management, case management, training in activities of daily living, vocational skills training and emergency financial assistance, to enable homeless individuals and families to live as independently as possible.



PERMANENT SUPPORTIVE HOUSING: Permanent Supportive Housing is long-term housing. Permanent housing is combined with support services, such as those noted above for Transitional Housing, to enable homeless individuals and families to live as independently as possible in a permanent setting.

SECTION 8 CERTIFICATE: Housing assistance, in the form of direct payments to a private landlord, secured from a local housing authority, that low-income people can use to rent apartments and homes on the private market.

MISSION AND ORGANIZATION OF THE HOMELESS SERVICES COORDINATING COMMITTEE Alexandria, Virginia

MISSION

The *Homeless Services Coordinating Committee (HSCC)*, established in 1989, is committed to creating and implementing an effective continuum of care⁹ for the homeless in Alexandria, Virginia, with particular attention to homeless prevention and self-sufficiency. In addition to emergency shelter, the HSCC ensures the provision of support services including, but not limited to, substance abuse and mental health services, child care, job training/placement and financial counseling, transitional housing with supportive services, and case management to assist in the transition to permanent housing and self-sufficiency.

MEMBERSHIP and MEETINGS

The HSCC is a collaborative partnership that includes public and private homeless service delivery agencies, advocates, business interests, former consumers, faith-based organizations and individual citizens interested in alleviating homelessness in Alexandria, Virginia. (A listing of current Committee members is provided on pages 3 and 4 of this report.) The Director of the Office of Community Services and a member representative of a non-profit agency, rotated on an annual basis, serve as the Co-Chairpersons of the HSCC. The non-profit Co-Chair is elected by a majority of voting members present at the May meeting each year. The primary function of the Co-Chairs is to preside over all regular meetings of the HSCC and to ensure that Sub-Committee seats are filled. Appointments to Sub-Committees are made at the May meeting.

The HSCC meets monthly at a time and location agreed upon by the membership. A meeting agenda prepared by the Strategic Planning Sub-Committee and minutes of each meeting prepared by the City's Office of Community Services are distributed to all members in advance of each monthly meeting.

⁹ The Continuum of Care is a **community-based, long-range plan** that addresses the needs of homeless persons in order to help them reach maximum self-sufficiency. The Continuum of Care is developed through collaboration with a broad cross section of the community and based on a thorough assessment of homeless needs and resources. The Continuum of Care is recommended by the U.S. Department of Housing and Urban Development (HUD) as a comprehensive and strategic approach to addressing homelessness. HUD Definition of the Continuum of Care: "A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness." (Every year, the HSCC prepares the Continuum of Care document for submittal to HUD.)

ORGANIZATION

In order to carry out its mission in the most efficient manner, the HSCC has established the following sub-committees that meet outside of regular meetings to accomplish studies/tasks, and then make recommendations for review and approval by the full committee. Each sub-committee designates a member to serve as its chairperson for a term of one year.

Membership Sub-Committee

The Membership Sub-Committee ensures that the membership of the HSCC is broad-based and inclusive of all agencies, groups, businesses and individuals impacting the homeless in Alexandria. Recruitment of new members is an on-going process to ensure that vacancies are filled and all groups are adequately represented.

Winter Shelter Sub-Committee

The Winter Shelter Sub-Committee annually assesses winter shelter needs, ensures that adequate facilities exist to house homeless persons during the winter months, identifies alternate sites, if needed, and develops policies related to winter shelter operations for review by the HSCC.

Strategic Planning & Evaluation Sub-Committee

The Strategic Planning & Evaluation Sub-Committee has the following major functions:

- (1) Conducts an annual *Needs Assessment* to identify gaps in housing and services for the homeless population.
- (2) Provides data to the HSCC on existing resources/current inventory and identifies major needs by homeless sub-groups.
- (3) Develops guidelines for the HSCC to use in determining priority ranking of the gaps in housing resources and existing services.
- (4) Provides a method for the HSCC to use in developing long-range plan strategies to address the high-priority gaps identified.
- (5) Drafts a *Long-Range Strategy Statement* to address the gaps identified.
- (6) Develops a *One-Year Plan* identifying actions which can be undertaken in the next 12 - 18 months.
- (7) Establishes procedures for obtaining evaluation feedback for all projects on an on-going basis.

- (8) Develops agenda and calendar for the HSCC.
- (9) Prepares documents for City Council and/or others advocating for policies/programs to support homeless individuals in Alexandria. (Members may also testify at hearings, meet with Council members, and so forth, to present HSCC plans and recommendations for addressing homeless issues in Alexandria.) A major responsibility is to draft HSCC input for the City's Consolidated Plan.
- (10) Reviews HSCC By-Laws annually and presents revisions, if needed, to the HSCC.
- (11) Coordinate the work of the Transitional Housing and Health Care Task Forces, providing input for the Task Forces' strategic goals and action steps.

Homeless Management Information System (HMIS) Sub-Committee

The HMIS Sub-Committee is comprised of the entire Alexandria network of homeless and social service providers. The goal of the HMIS is for all providers to use an integrated data tool to record and report uniform system-wide information on client needs and services. This system will meet mandated reporting requirements and improve planning and service delivery. The HMIS Sub-Committee will ensure that the HMIS meets the following goals:

1. Identify gaps in the service delivery system.
2. Improve availability of data to aid Alexandria in making planning and funding decisions about services provided to homeless people.
3. Improve the quality of client services by providing faster linkage to housing, benefits and services.
4. Meet Federal mandates
5. Ensure that data are secure and privacy is protected.
6. Centralized intake (possible for the future)
7. Unduplicated intakes
8. FSG/SSG and other required State and Federal reports will be generated by the system.

Continuum of Care Sub-Committee

The Continuum of Care Sub-Committee has the following major functions:

- (1) Conducts a "Point in Time" shelter and street survey.
- (2) Establishes procedures for submittal of applications (deadlines, etc.) and ensures that procedures are in place to notify all potential applicants.
- (3) Develops procedures for project presentations to the HSCC (e.g., criteria to be presented by

applicant, time limits, etc.).

(4) Recommends proposal evaluation and ranking criteria for use by the HSCC. Determines which HSCC members will vote on the final list of proposals to be sent to HUD or other funding sources and ensures that the HSCC adheres to the established Attendance and Voting rules.

(5) Drafts the Continuum of Care document for review and approval by the HSCC.

APPENDIX 2

HSCC ACTIVITIES & ACCOMPLISHMENTS OF THE PAST YEAR

The activities and accomplishments of the various Sub-Committees and Task Forces of the *Homeless Services Coordinating Committee* (HSCC) during Calendar Year 2003 and the first quarter of CY2004 are described below.

The *Strategic Planning Sub-Committee* met with the City Manager and provided an update on the ten-year strategic plan process for ending chronic homelessness and HSCC's participation in a regional approach to health care for the homeless. Strategic Planning members and CSB staff also met with HUD representatives to discuss the development of a Safe Haven for persons experiencing chronic homelessness. Liaison with *Virginia's Policy Academy on Chronic Homelessness* took place throughout the year with two HSCC members assigned to the Academy and several Sub-Committee members attended a *Virginia Coalition for the Homeless* meeting to provide feedback on Virginia's plan. Strategic Planning members also analyzed data trends for chronic homeless and provided public comment on the City's One-Year Update of the Consolidated Plan. The Strategic Planning Chair met with the Mayor concerning the ten-year plan. The Chair also met with several members of City Council concerning the plan for the Safe Haven. Two Strategic Planning members are also members of the Steering Committee for *Housing Action*, an advocacy group for affordable housing, and participated in recruiting members for a new *Housing Development Corporation*. Sub-Committee members identified the need for Representative Payees for consumers and initiated a recruitment strategy to obtain volunteers through local congregations. Members also identified the need for a breakfast program for chronic homeless and made contacts with several local churches to respond to this need. Members viewed HUD webcasts throughout the year concerning chronic homelessness and discussed implications for Alexandria. The HSCC web site was updated and advertised within the community. Strategic Planning members also reviewed the point-in-time data and participated with the *Continuum of Care Sub-Committee* in making recommendations for priority rankings of needs. Members also met with the Executive Director and staff of a local non-profit human services agency concerning the high-priority need for an SRO.

The *Homeless Management Information System (HMIS) Sub-Committee* reviewed HUD's "Data & Technical Standards Notice" in detail and discussed funding options for initiating the HMIS. HMIS members developed a mission and vision statement and goals for the HMIS implementation (see Appendix 1 of this report). The HMIS Chair attended several meetings and HMIS training sessions conducted by HUD/DC Field Office staff, as well as by State Department of Housing Community Development (DHCD) representatives who were exploring the possibility of developing a Statewide system. The Task Force met monthly to review the HMIS requirements, the technical design decisions needed, and policy and procedure considerations necessary for successful implementation. Through the Statewide DHCD meetings, four different software options were studied, with Committee members deciding that Bowman System's *ServicePoint* would meet the needs of most providers and Continuum of Care groups. (*ServicePoint* is currently used in 48 States.) Task Force members met and spoke with representatives of surrounding jurisdictions to discuss mutual HMIS needs. Two near-by jurisdictions selected *ServicePoint*. Alexandria Task Force members and HSCC representatives attended two presentations of *ServicePoint* by a Bowman Systems representative, and

recommended that Bowman Systems' *Service Point* be the system utilized by Alexandria's homeless services providers. Funding for the start-up costs in implementing HMIS were secured through the City's Office of Housing and it is anticipated that HMIS training for homeless providers will begin in Summer 2004.

The *Continuum of Care Sub-Committee* conducted its annual Point-in-Time Survey of homeless persons in cooperation with the Washington regional Council of Governments (COG) survey. This Sub-Committee also established procedures for submittal of applications for HUD funding and ensured that procedures were in place to notify applicants of timelines and voting criteria, reviewed attendance records, and ensured that the HSCC was in compliance with the established Attendance and Voting rules as specified in the HSCC By-Laws. Members of this Sub-Committee also have primary accountability for the drafting of the Continuum of Care document, ensuring that goals and action steps are addressed throughout the year through the full participation of HSCC members in the process.

The HSCC's *Employment and Training Sub-Committee* held meetings to discuss the need for an Employment and Training Survey, the Workforce Investment Network, and other resources for the homeless. A CSB intern was assigned in the Fall to conduct the Employment and Training Survey. She conducted interviews with employers, trainers, and providers and met with Sub-Committee members to discuss results. The final survey was completed in February 2004 and distributed to all HSCC members and other interested community members.

The HSCC's *Winter Shelter Sub-Committee* met regularly throughout the winter months to ensure that hypothermia shelter was provided to the unsheltered homeless population.

The HSCC's *Health Care Task Force* reviewed service delivery models providing health care for the homeless and discussed respite care needs for Alexandria's homeless population. Task Force members recruited Arlington County representatives to sit on the Task Force to address health care needs for the homeless in both jurisdictions and the *Health Care Task Force* Chair attending a meeting of Arlington's *Primary Care for the Homeless Action Team*. The Executive Director of the Alexandria Neighborhood Health Services, Inc. (ANHSI), a member of the Task Force, has kept the group apprised of the new HHS-funded Community Health Center operated by ANHSI. Task Force members are working with ANHSI to address homeless health care needs by applying for additional grant funding to serve this population, and one member of the Task Force is a member of a regional roundtable addressing access to prescription medications for the low-income population. Task Force members also participate throughout the year in Northern Virginia's *Access to Health Care Consortium* meetings.

HSCC's *Transitional Housing Task Force* addressed access to mental health services for consumers in transitional housing. Speakers attended Task Force meetings to discuss services for disabled persons and elderly. Throughout the year, the Task Force discussed the need for Housing Choice Vouchers for transitional graduates, and met with ARHA representatives concerning Section 8 set-asides for this population.

DEPARTMENTAL COMMENTS ON TEN YEAR PLAN

OBJECTIVE: Plan for Outcomes - Data Collection and Analysis

Goal 1: Establish Homeless Management Information System (HMIS)

CSB - It is very important that the CSB be involved in the implementation and management of HMIS. CSB has taken the lead with DHS on implementation of the project.

DHS - Implementing a HMIS is a HUD requirement that helps ensure funding proposals receive maximum points in the competitive Continuum of Care grants program. The Purchasing Office finalized a contract with Bowman Systems, Inc., the software vendor, at the end of June 2004. DHS Information Technology staff currently share the system administrator duties for the HMIS with CSB staff. Training has taken place for agency administrators and end users. Protocols and partnership agreements are under development and a short-term pilot project is underway.

Goal 2: Analyze HMIS data and evaluate programs

CSB - It is very important for the CSB to be involved in the use of information collected from HMIS. The CSB can incorporate the information from the review into our annual needs assessments.

DHS - City staff from several departments currently participate in this activity with the HSCC, evaluating the existing service delivery system through manual state reports and HUD performance reports. No new responsibilities are involved.

OBJECTIVE: Prevention

Goal 3: Utilize effective discharge planning models to keep individuals leaving State facilities and systems (corrections, psychiatric hospitals, foster care, etc.) from becoming homeless.

CSB - Using HMIS data to analyze persons who becomes homeless after discharge from State and local facilities is an appropriate task for the CSB. The CSB is already using best practices, complying with state discharge protocols, and applying for Medicaid before consumers are discharged from state hospitals.

DHS - The success of several action steps lifted from the Commonwealth plan depend on the ability of the General Assembly and state agencies to eliminate barriers and ensure adequate resources are available to fund institutional discharges, prisoner transition, and foster children moving to independent living. Prisoner reentry, in particular, requires multi-agency cooperation at the state level. The HSCC recently added Adult Probation & Parole and DSS Child Welfare staff to the membership to improve collaboration. DHS ex-offender staff will work more closely with Alexandria Probation & Parole on difficult transitional placements.

Goal 4: Ensure Veterans Receive Entitlements

DHS - The State has promised to provide technical assistance to help orient homeless providers

and Continuum of Care committees to Veteran's entitlement programs. The HSCC will in turn orient agencies providing intake services that may encounter homeless Veterans. Intake workers will be asked to confirm veteran status and refer to appropriate service organizations. While this may represent new I & R responsibilities, it is good customer service.

Goal 5: Develop Homeless Prevention Plans with Landlords

DHS - The DHS Office of Community Services (OCS) will feel the primary impact of any increased eviction prevention activity. However, the existing prevention programs are already well known and marketed. Many referrals now come from landlords. DHS will meet with any property managers who request information about City programs.

Action Step 1 proposes to identify landlords willing to participate in "Housing First". Housing First is a fairly new concept that envisions moving people quickly into permanent housing, frequently from the streets into their own units with support services in place. The private housing market will prove a tough sell for this concept. Housing First will also require substantial new resources to support the cost of new housing units and services.

CSB - Action Steps 1 and 2: Working with landlords to prevent homelessness is more properly functions of DHS or the Office of Housing, and not the CSB. Action Step 3: Hiring a housing specialist is a worthwhile idea, but is clearly not a CSB function. Action Step 6: The CSB needs to review residential policies and rules to determine if any practices contribute to homelessness.

Housing - We are not optimistic that this effort will work. Housing's efforts to help ARHA keep landlords in the Section 8 program have not been very successful. Getting participation in a "housing first" approach will be even more difficult. Nevertheless, keep Housing and the Landlord Tenant Relations Board (LTRB) in Action Step 1. We can suggest landlords to talk with but do not expect any to participate. Housing does not see an appropriate role in Action Step 2, developing a homeless prevention plan.

Goal 6: Prevent Evictions and Enhance other efforts

DHS - Providing information and education for renters already takes place. DHS will explore the use of Cable TV and/or the City Website to reach a wider audience with program information. Program evaluation is ongoing. A task force review is not necessary. It seems unlikely that landlords or the courts would be interested in developing a homeless prevention plan.

Housing - Action Step 1 (develop a Marketing Plan). Housing and the LTRB should not be involved in the marketing plan, although we can disseminate information. We currently provide landlord/tenant related information that may prevent a tenant from reaching the point of eviction and we refer people to DHS for financial assistance programs. If literature is developed we would distribute to walk-in clients. Housing prefers being listed last rather than first under responsible parties.

Action Step 2 (Workshops). Staff can conduct workshops but we feel it would be ill advised.

Tenants have shown little interest in the past and the target audience (shelter residents and day program clients) may be less so since they have not yet obtained housing. Targeting shelter residents preparing for discharge to housing would make more sense.

Goal 7: Improve Legal Services for the Homeless

DHS - As DHS staff works one on one with the homeless population, they will use existing legal services to assist homeless clients obtain benefits and maintain housing. The Homeless Services Coordinating Committee heard a presentation about the Fairfax Pro Bono legal assistance program and the Potomac Legal Aid Society last year. The HSCC should encourage member agencies to pursue local and state resources through its sub-committee structure. This is not a role for DHS to take on independently. Action step 3: the role of judges and landlords in identifying people at-risk for homelessness is confusing. Landlords often refer their tenants to prevention programs prior to, or in conjunction with court action to collect unpaid rent. However, judges involvement does not begin until weeks later when a court date is scheduled. The Alexandria Police Department assists homeless persons they identify in the community.

CSB - Action Step 2: Developing pro bono legal services is an important service, but it is not a CSB function and we should not be involved in this activity as a primary function.

Goal 8: Advocacy for Funding

DHS - The HSCC has representatives on several statewide groups that lobby for additional funding with the General Assembly. The state Ten Year plan also indicates a commitment to develop additional resources. DHS would use the City budget process to seek additional local resources, if the need warranted it.

CSB - Action Step 4: Writing vignettes on homeless individuals should be the responsibility of the homeless shelter staff. Action Step 5: Collaborating with the wider community to garner support for addressing the needs of the chronically homeless is certainly something the CSB can and should be doing, although this activity is more properly a Board member rather than a staff function.

Housing - The public relations effort should focus on the positive aspects of program activities and be directed at the full community. Legislative and funding advocacy should focus on federal and state sources as well as local sources.

OBJECTIVE: Create Permanent Housing

Goal 9: Safe Haven

DHS - The Safe Haven is the current focus of CSB housing activity and the 2004 Supportive Housing Proposal to HUD. There is no new impact on DHS.

CSB - The CSB is already actively engaged in accomplishing this goal through development of a Safe Haven at 115 N. Patrick Street.

Goal 10: Develop a Single Room Occupancy (SRO) facility

DHS - This is a priority of the HSCC. Low-income single adults leaving shelters face an extremely difficult housing market. DHS agrees with the recommendation that a community non-profit or housing development corporation should take the lead in the project. Although SRO style housing is a goal that may face neighborhood opposition, successful approaches to the problem are possible as evidenced by CSB group facilities and the Safe Haven project. There is no new impact on DHS.

Housing - Action Step 4 (communicate with neighbors and develop community support) should include local housing advocacy organizations such as Housing Action.

Goal 11: Increase Housing for the Chronic Homeless Population with Existing Funding

DHS - This represents another difficult goal to accomplish. Alexandria is not eligible for the state-wide HOME funding the state is planning to use to develop the rental assistance program cited in Action Step 1, because Alexandria is an entitlement community and has its own HOME funding. DHS agrees that more study and collaborative work with the state is necessary to determine possibilities under the Veterans Administration's per diem program mentioned in Action Step 4. The per diem is for funding transitional housing and supportive services for up to 24 months for veterans referred by the VA.

CSB - Action Steps 2 - 7: Identifying and applying for a variety of housing resources to fund additional residential facilities are action steps the CSB needs first to identify and address in its *Five-Year Housing Plan*. The CSB currently does Action Steps 5 and 7.

Housing - Action Step 1 - use of HOME funds passed through the state to establish tenant based rental assistance for the chronic homeless population. See DHS comment above. Housing will participate in Action Step 7 - identifying resources and partnerships to increase permanent housing for the population.

OBJECTIVE: Build the Infrastructure - Maximize Mainstream Resources**Goal 12: Reduce Barriers in Service Delivery to the Chronic Homeless**

DHS - The goal of accessing mainstream benefits is taken directly from the state plan and HUD guidance for serving the chronic homeless. It is also the basis of current discussions between DHS and the CSB staff on co-location and/or enhanced coordination and intake. It is conceivable some of the recommendations could be mandated by our state agencies. DHS currently outposts an eligibility worker at the Mental Health Center and CSB assigns a substance abuse counselor to work primarily with DSS child welfare services. DHS has out posted eligibility staff at David's Place Day Program (Carpenter's Shelter) in the past for applications and I & R with mixed results. Further approaches to increased coordination between DHS and CSB staff will be explored.

CSB - Action Step 1 (coordinating intake services) is arguably the most important element of the plan that needs to be implemented by the CSB and DHS. Action Step 3 (distribution of the state

resource guide) should offer no problem for the CSB. Action Step 4 (identifying additional mental health staff to serve the population) is included in the CSB long-range plan. Action Step 5 (increase the number of chronic homeless served) should be achievable by the CSB. Action Step 6 (attend a state workshop of disability determination) has been accomplished by the CSB.

Goal 13: Provide Comprehensive Health Services to the Chronic Homeless Population

DHS - This has no new impact on DHS although many of the “chronic” homeless may qualify for Medicaid if the follow-up necessary to complete the eligibility study is accomplished. Action Steps 2 and 3 (removing barriers to health care services) have long been problems for HSCC and homeless providers.

Health - The Health Department asked for clarification of barriers to receiving health care. The DHS comment on lack of follow-through to establish Medicaid eligibility is an example of a barrier. Homeless services providers identify others as: lack of health insurance, ineligibility for Health Department/Clinic services and/or waiting lists for services. The Health Department indicates a willingness to assist with the proposal in Action Step 6 (health care for the homeless grant funding) but will not take the lead. Preliminary grant development is underway with the Arlandria Community Health Center as lead entity.

Goal 14: Increase Employment & Training Opportunities for the Chronic Homeless Population

DHS - This goal is taken directly from the state Ten Year plan. DHS *JobLink* has initiated collaborations for the hard-to-serve (ex-offenders) and already makes efforts to train and place CSB clients. Bringing together CSB staff, David’s Place and shelter staff to brainstorm with *JobLink* on needs and potential resources is the logical next step. The HSCC will facilitate a meeting. A non-profit entity must take the lead in developing and administering any grant under the Job Opportunities for Low Income People mentioned in Action Step 6. The HSCC will explore this option.

CSB - Action Steps 1 through 4 (increasing employment opportunities for the homeless) are more properly the responsibility of DHS than that of the CSB.



Department of Housing and Community Development

Virginia: Sharing A Common Wealth to End Homelessness

Fact Sheet

- Governor Warner directed agencies serving Virginia's homeless population to represent Virginia at a Policy Academy on Chronic Homelessness. The academy is part of a national initiative to end chronic homelessness in 10 years.
- Appointed state agency representatives are senior level executives with the ability to recommend, impact, and implement state-level policy changes. Other members include partner organizations that are impacted by the issue of homelessness.
- The initial Virginia team of thirteen attended a two-day of intensive work sessions with federal representatives at the Policy Academy in Denver, Colorado, in October. These sessions resulted in the development of Virginia's mission and strategic priorities, as well as a preliminary action plan.
- The action plan was further developed through a series of work meetings in which other invited partner organizations participated.
- The action plan, *Virginia: A Common Wealth to End Homelessness*, was approved by Governor Warner and was submitted for comment to the national Interagency Council on Homelessness in January 2004. Copies of the plan can be found at www.dhcd.virginia.gov under "What's New."
- Vision: An integrated, community-based system of individualized opportunities, services, and housing has ended homelessness in Virginia.
 - Priority 1: Affordable continuum of suitable and appropriate housing options
 - Priority 2: Accessible Supportive Services
 - Priority 3: Prevention initiatives that reduce homelessness
 - Priority 4: Sufficient financial resources
 - Priority 5: An understanding of chronic homelessness at all levels
- *Virginia: A Common Wealth to End Homelessness* represents the most comprehensive initiative to-date in combating chronic homelessness and ensuring coordinated services for Virginia's homeless or those at risk of becoming homeless.
- Represented on the Virginia Policy Academy team are:

<ul style="list-style-type: none"> ➤ VA Department of Housing and Community Development ➤ Virginia Housing Development Authority ➤ VA Department of Medical Assistance Services ➤ Virginia Coalition for the Homeless ➤ Virginia Interagency Action Council for the Homeless ➤ VA Housing Research Center ➤ Individual who was chronically homeless ➤ VA Employment Commission ➤ Homeward, Richmond Continuum of Care 	<ul style="list-style-type: none"> ➤ VA Department of Corrections ➤ VA Department of Health ➤ VA Department of Rehabilitative Services ➤ VA Department of Social Services ➤ VA Department of Veterans Services ➤ Virginia Hospital and Healthcare Association ➤ VA Department of Mental Health, Mental Retardation, and Substance Abuse Services
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

26
3-8-05



T & S Arnold
<a.tsarnold@verizon.net>

03/07/2005 08:11 AM

To <alexvamayor@aol.com>, <delpepper@aol.com>,
<councilmangaines@aol.com>, <macdonaldcouncil@msn.com>,
<rob@Krupicka.com>, <Paulcsmedberg@ad.com>,

cc

bcc

Subject Homelessness

We have come too far to go back. Please keep Alexandria on the road to ending chronic homelessness by approving the Safe Haven project and Alexandria's Ten Year Plan to End Chronic Homelessness. As members of the Homeless Services Coordinating Committee, ALIVE! House knows well the obstacles facing our "street people". We have been involved in creating the Ten Year Plan and we urge you to approve its passage.

Susanne Arnold
Chair, ALIVE! House Advisory Committee

26
3-8-05



"Fran Becker"
<franbecker@carpentersshelter.org>

03/07/2005 07:09 AM

"Bill Euille" <alexvamayor@aol.com>, "Del Pepper"
To <delpepper@aol.com>, <councilmangaines@aol.com>,
<Rob@krupicka.com>, <macdonaldcouncil@msn.com>,

cc

bcc

Subject Please vote yes to Safe Haven and the Ten Year Plan to End
Chronic Homelessness

Dear Mayor Euille and Members of Council:

This Tuesday, you will have the opportunity to improve the lives of the City's homeless population and help them secure a brighter future that leads to self reliance. I encourage you all to vote affirmatively for the approval of Safe Haven funding and the City's Ten Year Plan to End Chronic Homelessness.

Carpenter's Shelter is Northern Virginia's largest homeless shelter whose five programs that spans the continuum of care from day shelter support for chronically homeless adults through transitional housing for families. We often are the first site that chronically homeless individuals come to for basic needs and as trust develops and change desired, we partner with city agencies to start the [sometimes long] road from street living to community living. We are an central agency in the implementation of the Ten Year Plan.

We do not provide permanent supportive housing, something that the Safe Haven will provide for twelve chronically homeless individuals.

Thank you for your support of these two initiatives and should you have any questions, please do not hesitate to contact me.

Fran Becker
Carpenter's Shelter
Executive Director
930 N. Henry Street
Alexandria, VA 22314
www.carpentersshelter.org
703-548-7500 x 202
703-548-3167 (fax)

Save the Date...annual Carpenter's Cookoff filled with family fun featuring The Melonheads on Sunday, May 1st from noon until 3 PM at The Birchmere.
SEE YOU THERE!



wir@mail.dat

26
3-8-05



"Vogt, Gregory"
<gvogt@wrf.com>

03/06/2005 08:58 PM

To <alexvamayor@aol.com>, <delpepper@aol.com>,
<councilmangaines@aol.com>, <Rob@krupicka.com>,
<macdonaldcouncil@msn.com>, <PaulCSmedberg@aol.com>,
cc <Jim.Hartmann@alexandriava.gov>,
<Jackie.henderson@alexandriava.gov>

bcc

Subject

Dear Mayor Eullie and City Council Members:

I have been involved for a number of years with coordinating volunteers to stay with the homeless at Church shelters for Carpenter's Shelter's Hypothermia program. I have also volunteered for Carpenter's for a number of years. Through this work I have come to understand first hand the need for programs that could help the chronic homeless to change their circumstances so they can be independent members of society.

I applaud the Council's support for the Safe haven program and urge you to continue these important efforts to help the homeless. Specifically, I urge you to adopt the Ten-Year Plan to End Chronic Homelessness in Alexandria, Item #26 on the Council's docket at Tuesday night's Council meeting. I also urge the Council to authorize the acceptance of HUD grant funds to support the Safe Haven project, Item #27. These HUD funds are essential to ensuring that the Safe Haven project can succeed. This decision should be a no-brainer given that these are federal funds that are available for this purpose and do not obligate the city to provide additional funding.

One thing is certain: not acting has its own costs in police, hospital, and other resources that do nothing to help solve the homeless person's underlying problems. Stop gap efforts simply do not do enough to help the homeless succeed. Each homeless person has his or her reason for being there. With adequate funds, these issues can be addressed to give each of these people a fighting chance. Any of the homeless could easily be one of our siblings, our parents, or our children. I appreciate your vote to do the right thing in approving the above-noted items.

God bless you.

Gregory J. Vogt
3920 Colonel Ellis Ave.
Alexandria, VA 22304

NOTICE: This message (including any attachments) from Wiley Rein & Fielding LLP may constitute an attorney-client communication and may contain information that is PRIVILEGED and CONFIDENTIAL and/or ATTORNEY WORK PRODUCT. If you are not an intended recipient, you are hereby notified that any dissemination of this message is strictly prohibited. If you have received this message in error, please do not read, copy or forward this message. Please permanently delete all copies and any attachments and notify the sender immediately by reply email or by calling 202.719.7201. Thank You.

26 : 27
3-8-05



<patricetighe@yahoo.com>

03/07/2005 09:24 AM

Please respond to
<patricetighe@yahoo.com>

To: <alexvamayor@aol.com>, <delpepper@aol.com>,
<council@joycewoodson.net>, <councilmangaines@aol.com>,
<council@krupicka.com>, <macdonaldcouncil@msn.com>,

cc

bcc

Subject: City of Alexandria Website Contact Us - EMail for Mayor,
Vice-Mayor and Council Members (alexvamayor@aol.com,
delpepper@aol.com, council@joycewoodson.net,
councilmangaines@aol.com, council@krupicka.com,
macdonaldcouncil@msn.com, paulcsmedberg@aol.com,
rose.boyd@ci.alexandria.va.us,
jackie.henderson@ci.alexandria.va.us,
tom.raycroft@ci.alexandria.va.us)

**City of Alexandria Website Contact Us - EMail for Mayor,
Vice-Mayor and Council Members (alexvamayor@aol.com,
delpepper@aol.com, council@joycewoodson.net,
councilmangaines@aol.com, council@krupicka.com,
macdonaldcouncil@msn.com, paulcsmedberg@aol.com,
rose.boyd@ci.alexandria.va.us,
jackie.henderson@ci.alexandria.va.us,
tom.raycroft@ci.alexandria.va.us)**

Time: [Mon Mar 07, 2005 09:24:54] IP Address: [68.83.211.219]

Response requested: []

First Name: Patrice Malley
Last Name: Tighe
Street Address: 301 Summers Drive
City: Alexandria
State: VA
Zip: 22301-2446
Phone: 703-836-5790
Email Address: patricetighe@yahoo.com

Dear Mayor, Vice Mayor and City Council
members:

I am writing to ask that you vote to authorize two
important initiatives addressing the
problem of chronic homelessness that will be
presented to the City Council this
Tuesday, March 8.

Thank you for the leadership you have shown in
the past in dealing with the problem
of homelessness in the City of Alexandria. In

particular, thank you for endorsing the Community Services Board (CSB) application to HUD in June 2004 to establish a Safe Haven and approving the use of the City's property at 115 N. Patrick Street as the Safe Haven site.

Comments:

Having recently learned that HUD approved the CSB's application for funding of \$163,824, I now urge you to vote to authorize the acceptance of the HUD grant funds.

Further, although the Safe Haven will provide a much needed service for 12 homeless men and women, it will not resolve the overall problem of chronic homelessness in our City. To address this problem, I urge you to adopt the Homeless Services Coordinating Committee's "Ten-Year Plan to End Chronic Homelessness in Alexandria."

Alexandria must continue to actively address the needs of all its homeless men, women, and children, and diligently plan and act to prevent and end chronic homelessness.

Thank you for your attention to this matter.

Patrice Malley Tighe

26 & 27
3-8-05



"annherlin"
<annherlin@msn.com>
03/07/2005 11:50 AM

To: <alexvamayor@aol.com>, <delpepper@aol.com>,
<councilmangaines@aol.com>, <Rob@krupicka.com>,
<macdonaldcouncil@msn.com>, <PaulCSmedberg@aol.com>,
cc: <Jim.Hartmann@alexandriava.gov>,
<Jackie.henderson@alexandriava.gov>
bcc:
Subject: Docket Items #26 and 27

Dear Mayor and City Council Members,

I was pleased to learn that HUD approved the CSB application for funding of a Safe Haven to serve the chronically homeless in Alexandria. I thank the council for its past support of this project, and urge you to vote tomorrow to authorize the receipt of those funds, an important step in making this project a reality. I am proud to be part of a community that is taking this small but important step toward caring for the chronically homeless -- a population that is "unromantic," and yet in such vital need of support. While I firmly believe that the mandate to provide the services and support comes from our common humanity, I also note that it makes more economic and social sense to take these proactive steps to end homelessness, rather than addressing it through emergency services and the prison system.

I would also urge your support of the HSCC's "Ten-Year Plan to End Chronic Homelessness in Alexandria." I commend HSCC for their efforts both to keep this issue before us, and to lay out concrete steps to work toward ending homelessness through both the "front door" and the "back door," as their report describes it. The Alexandria housing situation certainly is a difficult environment in which to pursue these goals, but I think that our civic spirit defines the city more than our housing prices, so I am hopeful that working together, we can make significant progress.

Thank you again for your commitment to this city, and for your efforts in caring for the most disadvantaged among us.

Sincerely,
Ann Herlin
Associate Pastor, Old Presbyterian Meeting House
Alexandria Resident (53 Skyhill Rd.)

26 & 27
3-8-05



Constance Richardson
<ctamyfam@yahoo.com>

03/04/2005 12:01 PM

To <alexvamayor@aol.com>, <delpepper@aol.com>,
<councilmangaines@aol.com>, <Rob@krupicka.com>,
<macdonaldcouncil@msn.com>, <PaulCSmedberg@aol.com>,

cc

bcc

Subject Safe Haven & Ten-Year Plan

3/4/05

Dear Mayor, Council Members and City Clerk:

This e-mail message is to reiterate the need for the safe haven and ten-year plan. So many of our Alexandria citizens are in need of suitable housing that would fit their individual needs and those of their family. The aforementioned program would allow those who do not quite fit in existing criteria to have a "safe haven" in which to live with dignity, safety and the lack of judgemental opinions that would limit their progress. I ask you to look beyond what may appear to be an obvious solution to this one that can help some of those who need this
SAFE HAVEN.

Constance C. Richardson, M.D.

Celebrate Yahoo!'s 10th Birthday!

Yahoo! Netrospective: 100 Moments of the Web

26 & 27
3-8-05



"Mary Riley"
<maryriley@comcast.net>

03/03/2005 12:34 PM

To "Mayor William D. Euille" <alexvamayor@aol.com>, "Vice Mayor
Del Pepper" <delpepper@aol.com>, "Councilman Ludwig Gaines"
<councilmangaines@aol.com>, "Councilman Rob Krupicka"
"City Clerk Jackie Henderson"
cc <Jackie.Henderson@alexandriava.gov>, "City Manager James
Hartmann" <jim.hartmann@alexandriava.gov>

bcc

Subject Safe Haven & Chronic Homelessness

Dear Mr. Mayor and Council Members,

Thank you for your support to date for a Safe Haven for unsheltered homeless persons in our City. Advocacy for this project began many years ago and it is heartening to see that it will move forward with your vote on Tuesday night (Docket Item #27). The Safe Haven facility will serve 12 homeless men and women, but as I'm sure you are aware, scores of other persons in our City are experiencing chronic homelessness. Thus, part of my reason for writing is to urge you to endorse Docket Item #26, the "Ten-Year Plan to End Chronic Homelessness."

The goal of ending chronic homelessness was described in 2000 by the *National Alliance to End Homelessness (NAEH)* as part of its ten-year plan. The U.S. Department of Housing and Urban Development (HUD) endorsed this goal in 2001. In June 2003, the U.S. Conference of Mayors unanimously endorsed the 10-year planning process and urged cities across the nation to create and implement strategic plans to end chronic homelessness in 10 years. Since 2002, HUD has required jurisdictions receiving HUD Supportive Housing Program (SHP) and other HUD funding to develop a concrete plan to end chronic homelessness.

By endorsing Alexandria's "Ten-Year Plan to End Chronic Homelessness," you will be sending the message that it is unacceptable to have citizens living on our streets. Please vote in favor of both Docket Items #26 and #27 on Tuesday night.

Thank you again.

Sincerely,

Mary

Mary Riley

Chair, Community Services Board

maryriley@comcast.net

703-836-8823